

Case Number:	CM14-0106776		
Date Assigned:	09/24/2014	Date of Injury:	05/05/2011
Decision Date:	10/28/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Spine Surgeon and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old female who reported an injury on 05/05/2011. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar spondylosis, myofascial pain syndrome, and cervical spondylosis. The injured worker's past treatments include medications and therapy. The injured worker's diagnostic testing was not provided. The injured worker's surgical history was not provided. On the clinical note dated 07/30/2014, the injured worker complained of cervical pain rated 7/10. The injured worker had tenderness to palpation of the cervical paraspinal musculature, cervical facet tenderness to palpation of C3-4 and C4-5 and C5-6 facet joints bilaterally, exacerbation of pain with extension/rotation of the spine, and decrease with forward flexion. The injured worker's medications included Omeprazole 40mg, Estradiol tablets 1 mg, Aspirin 81 mg, Advil 100 mg, and Hydrochlorothiazide 25 mg tablets. The request was for bilateral C4-5, C5-6 radiofrequency ablation under IV sedation. The rationale for the request stated it was for longer lasting pain relief. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bilateral C4-C5 C5-C6 Radiofrequency ablation under IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NECK AND UPPER BACK, Facet joint radiofrequency neurotomy

Decision rationale: The request for bilateral C4-5 and C5-6 radiofrequency ablation under IV sedation is not medically necessary. The injured worker is diagnosed with lumbar spondylosis, myofascial pain syndrome, and cervical spondylosis. The injured worker complained of neck pain rated 7/10. The Official Disability Guidelines require a diagnosis of facet joint pain for treatment with radiofrequency neurotomy. The guidelines also state approval depends on variables such as evidence of adequate diagnostic blocks, documentation improvement in Visual Analog Scale (VAS) score, and documented improvement in function. No more than 2 joint levels are to be performed at 1 time. If different regions require neural block aid, these should be performed at intervals of not sooner than 1 week and preferably 2 weeks for most blocks. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after first neurotomy should be documented for at least 12 weeks with at least 50% relief. The current literature does not support that the procedure is successful without sustained pain relief generally of at least 6 months duration. No more than 3 procedures should be performed in a year's period. The injured worker's medical records indicate the patient has axial pain in the neck, tenderness to palpitation over cervical facet joints with improvement of pain with unloading of facet joint by forward flexion and worsening of the pain with extension and lateral bending. The injured worker's pain has failed to respond to at least 3 months of conservative management with therapies, exercise, and medications. The injured worker had positive fluoroscopically guided cervical median branch and facet injections that provided significant, more than 70%, but short lasting improvement in pain and function levels on unknown dates. Only 2 levels will be performed at 1 time. The medical records indicate the injured worker will start a strengthening and rehabilitation program after neck pain is better from the ablation. However, the medical records do not indicate the rationale for IV sedation. There was a lack of diagnostic studies of imaging or electrodiagnostic testing to corroborate the functional objective deficits. As such, the request for bilateral C4-5, C5-6 radiofrequency ablation under IV sedation is not medically necessary.